

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-022048**

FILED VS MAY 23 1960

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6183 Registrar's No. 43

ENDED

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Milan (Folk Twp)</u>		Length of stay in 1b <u>794rs</u>	c. CITY OR TOWN <u>Milan</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Folk Twp</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Wm. Austin Hayes</u>			4. DATE OF DEATH Month Day Year <u>5-15-1960</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-29-79</u>	9. AGE (last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Milan Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>Jerry M Hayes</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Harris</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT Address <u>Hellie Hays - Milan Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Senility</u>		<u>--</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Right Lobar Pneumonia</u>	<u>15 d</u>
	DUE TO (c) <u>fall &amp; exposure</u>	<u>16 d</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>fall in yard &amp; exposure in rain one hour, no fractures</u>
20c. TIME OF INJURY <u>3:15 PM</u> Month, Day, Year <u>4/30/60</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home yard</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Milan, Sullivan, Mo.</u>

21. I attended the deceased from 4/30/60 to 5/14/60 and last saw him alive on 5/14/60  
Death occurred at 7pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>E. W. Simpson D.O.</u> (Degree or title)	22b. ADDRESS <u>Milan, Mo.</u>	22c. DATE SIGNED <u>5/6/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-17-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem</u>	23d. LOCATION (City, town, or county) <u>Milan - Mo</u>
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24. FUNERAL DIRECTOR <u>Schoenies</u> ADDRESS <u>Milan - Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-20-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckwith</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.